# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

(1535)

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Program
MARYLAND	CITY (If outside corporate benits, write RURAL and give nearest town)
OR give nearflet town) are Parke in this place to TOWN	OR TOWN Questa
HOSPITAL OR	CTDEET (If rural give location)
INSTITUTION OR STREET ADDRESS Cuppett - Evans hursing Ho	ADDRESS '
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) . ROBERT E.LEE	HLLEN DEATH JON. 28 193
6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirshlay If under 1 year If under 24 hr Months Days Hours Min
10s. USITAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
10s. USUAL OCCUPATION (Give kind of work down down down down most of working life, even if retired)  10s. USUAL OCCUPATION (Give kind of work line)  10s. KIND OF BUSINESS OR INDUSTRY	Braden Station Dylar Co. W. Va COUNTEY? . S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Osborne allen	Jane Langefur
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Miss Rosadondallen, Oakland, M.
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
Immediate cause (a) Arterios clero	lie Cardio Frasarlas?
17d2,1	aisland
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
· none	! Yes ☐ No € : (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, Of office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3No.	N 10 50 - 2800 m 10 51 that I look and the decorate
22. I hereby certify that I attended the deceased from	, 19, to a the deceased
alive on 27 Jan., 1957, and that death occurred at ./	ADDRESS DATE SIGNED
Thomas 9. Lushy M. D.	Oahland, md. 30 Jan 19.
23. DUISING, CISEMINITATION	ve Mausoleon Morgantown, West Va. (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
REG. 30 5 Ween ( ) OWY	Juga Fam Liger Hilliams,
The state of the s	Vaccase 1 2/2/21

Danily history zut complete.

/S. A15A

The correct age

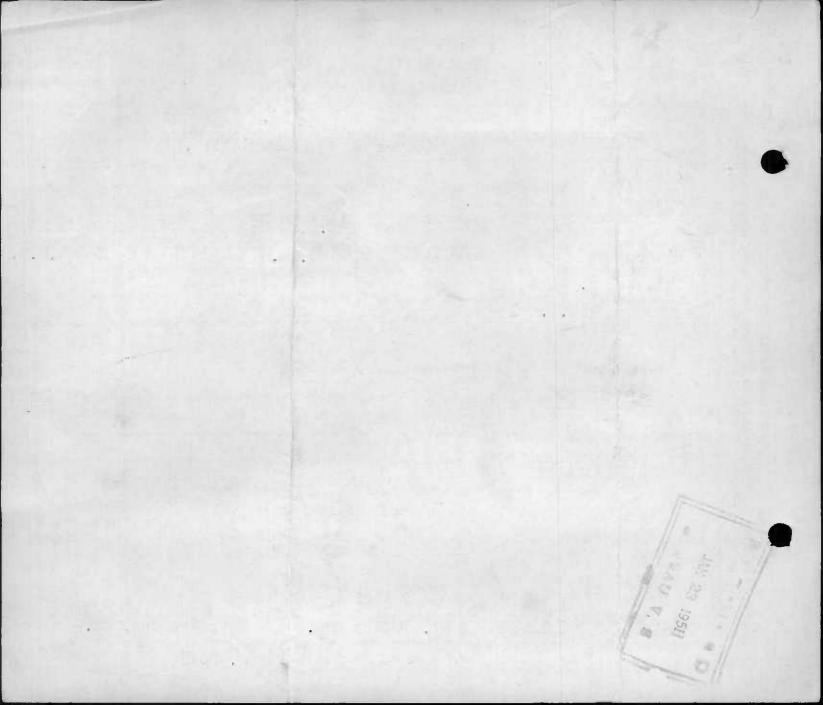
### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0530

Reg. Dist. No. 163

I. PLACE OF DEATH COUNTY GAPT	ett	MARYLAND	2. USUAL RESTATE	ESHDENCE (	HOME) OF DECE	SED. COUNT	y Gar	rett
CITY (If outstill of OR give nearest TOWN	Program Himita write RUR		OR TOWN	hOOM1	ng ton, Md	RAL and g	ve neare	est town)
HOSPITAL OR INSTITUTION OF STREET ADDRES			STREET		(Ii rural, giv	o location)		
3. NAME OF DECEASED (Type or Print)	Stephen'	J. (Middie) F.	Lynn <sup>(Last)</sup>		4. DATE OF JEATH JE	(Month)	124	(Year) 19
Male	GOLOB OR RACE	7. SINGLE MARRIED, WIDOWED INVORCED, (Specify)	Oct. 6,	<b>1886</b>	9. AGE last hirthd	Months	Days	If under 24 hrs. Hours   Min.
done during that of w	ATION (Give kind of work vorking life, even if retired)	INDUSTRY CORL MINES		a. State	or foreign country)	1	2. CITIZ	S.A.
and the second s	1 J. Flynn			Carne	У			
15. WAS DECEASED E	VER IN U.S. ARMED FORCES (If yes, rive war or dates (service)	16. SOCIAL SECURITY No.	17. INFORM	ank Fl	ynn		3	
		18. MEDICAL CE	ERTIFICATION					
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH						RVAL BETWEEN T AND DEATH
W Davidio Div Co	(	2	. 1	1.4			OLYGA	I AND DUALE
Jmmediate	e cause (a)	Whosune	. The		*** ****** **** ** ** ** **			
860.0			_					
	onditinns, if any, (b)	Dura Demo Com	util	moh	use here	Lugar	0/	
169 giving rise to	the above cause			and the state of t				- 1 2 4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
stating the u	nderlying cause last	Fruithin mi	1004					
II. OTHER SIGNIFI	CANT CONDITIONS	The chies of a	VV 3				1	
Conditions contribu	iting to the death but not se or condition causing deat	th.						
19a. DATE OF OPE		FINDINGS OF OPERATION					20. /	UTOPSY?
							Yes	O No D
21. EXTERNAL CA	USE WAS   PLA	CE (Home, farm, factory, street,	11	(CITY OR	TOWN)	(COUNTY		(STATE)
PRIMARY FOR CO CAUSE OF DEATH	ONTRIBUTING   OF	URY 17 Z. TOUL A	san los los	mmy	touc /2	write	_	mas
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID	INJURY DO	CCUR?	1	1	1
INJURY	14-195) 1 = Am.	work at work	1. ( Yruell		m+ relly	D. 017	pri	sal
22 Learlife that I	took charge of the reme	oins described obove, held an	1 Drules	nepoction L	50176		from I	ha avidamas
obtained by sai	d Autopsy, Inspection o	r Inquiry, find that said dece	eased died on t	the dry state	ed above, and dea	th in my	opinie	n resulted
	causes . occident [	, suicide [], homicide [],		$d \square$ .				
SIGNATURE	11 0	(Degree or title)	ADDRESS		-	0	DA	TE SIGNED
6.9	( Sammer	to MA	Vall	and,	mo	Jan	- 10-	-1951
23. BURIAL, CREM. BOMOV OL (Spec	ATION DATE THERE	of NSAE OF PENETE	S Cem.	ATORY	wester fin	Sanfor cod	71d).	(State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE 44		L DIRECTO			AD:	DRESS
Fin 16	1951 Dors	y Talleson	ELLSW	orth S	Boal			



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

				24084	17150 1100-7
1. PLACE OF DEATH	· ·		2. USUAL RESIDENCE	(HOME) OF DECEAS	ED·
COUNTY	Garett	MARYLAND	STATE Md		COUNTY Garett
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpo	orate limits, write RUR	AL and give nearest town)
OR give nearest	Jennings	(in this place) 35 Year's	TOWN Rural		
HOSPITAL OR		1 00 10010	STREET	(If rural, give i	ocation)
INSTITUTION OF STREET ADDRESS	R 29		ADDRESS	(22 2 41 41 41 51 4 5	June 2027
3. NAME OF	(First)	()4:441-)	(V )		
DECEASED		(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)	Joh <b>h</b>	William	Hare	DEATH Jan	
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 11-23-1873	9. AGE last birthday	If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of w	orking life, even if retired) hing E	INDUSTRY Blacking Smith	Runol Tenn	ings Md	COUNTRY?
13. FATHER'S NAM	E	DIACKTHE, UNITED	Rural Jenn	N NAME	· U.S.A
John Wil	liam Hare S:	n	Mary Durst		
	ER IN U.S. ARMED FORCES		17. INFORMANT		
	(If year, give war or dates eservice)		Mrs Mary Ma	nthe Hene	
	BeiLAIGA)	Molle	mirs mary. ma	Tona nare	
		A 18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	211		ONSET AND DEATH
		10 Arresses	MA wasa.	0/1/00	7-40
592x Immediate	cause (a)	and and a	v ~prun		
Anteceden	t cause(s)	11 - 0	el +-1-	2 1 1	
		MARKER XI	lenglella-	& Medde	1/3
13/a Diseases or c	conditions, if any, (b) 4.6		man de la companya de	- Long Volument	
stating the u	nderlying cause last				
II. OTHER SIGNIFIC	CANT CONDITIONS	0 0 00 00 00 00 00 00 00 00 00 00 00 00			50 00 00 00 00 00 00 00 00 00 00 00 00 0
Conditions contribu	ting to the death hut not				
	e or condition causing deat	INDINGS OF OPERATION			
IJA. DATE OF OTEL	TOIL MANAGES	INDINGS OF OFERALION			20. AUTOPSY?
at A COTO FINA	(O	GE /W			Yes No 🔀
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
INJURY	m.	Work At work			
		0. /	,-, ( )	A 4	
22. I hereby certi		e deceased from			
alive on	19.2./, an	d that death occurred at.	m., from th	e causes and on the	date stated above.
SIGNATURE	n (1) -	(Degree or title)	ADDRESS	- 111	DATE SIGNED
VI h	& Hain	VI XI	Mare In 11	408 8 W/M	(h. 120 100.
92 DUDIAL CDEN	ATION   DATE	I NAME OF CENTERS	RY OR CREMATORY	1001	Den 20 195/
23. BURIAL, CREMA	1-23-5;		RY OR CREMATORY	Garett Co	ounty Md
DATE REC'D BY I	LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
REG( au	22 Ethers	oraqualer	Our Winte	sledg Gran	ntsville Md
(				0 4-	1/0/3
				20	1811



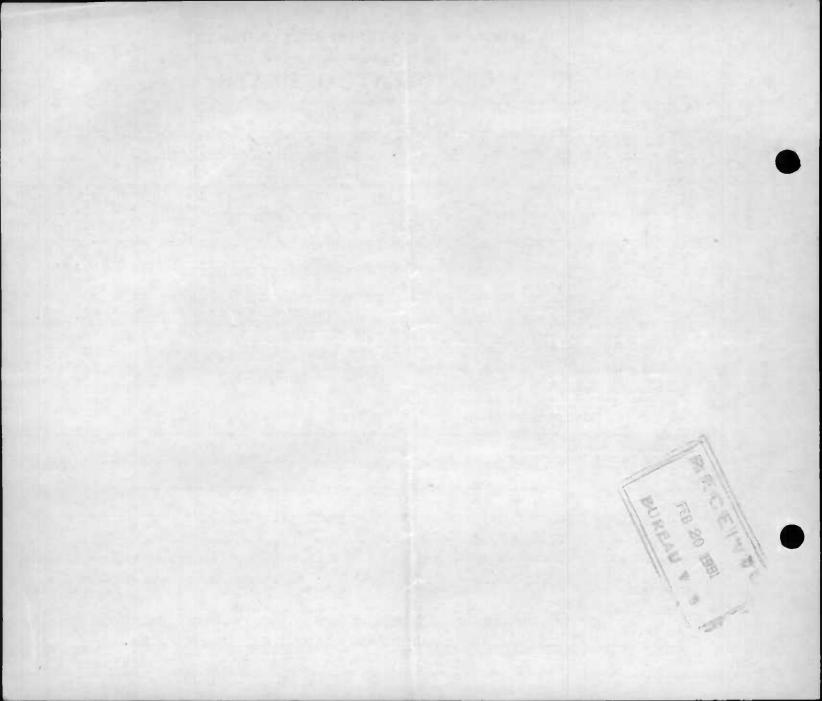
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY GARRETT MARYLAND CITY (If quaside corporate limits, write RURAL and 1 LENGTH OF STAY	Maryland Garrett
OR give nearest town) TOWN MI - Lake Park  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN MI - Lake Park	CITY (If outside corporate limits, write RURAL and give nearest town) OR Mt. Lake Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Hattie Belle (Murphy	
Female   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED   WIDOWED   (Specify) WIDOWED   12. SPECIFIC   1. SINGLE, MARRIED, WIDOWED   12. SPECIFIC   12. SPEC	8. DATE OF BIRTH 9. AGE last birthday If under I year   Hours   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work during mass of reducing mass of the during mass of the state of the	Maryland  11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT  UCSTATE  13. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME William Murphy	14. MOTHER'S MAIDEN NAME Ellen Enlow
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes no or unknown) (II yes, give war or dates of service)	Bernadine Warnick Oakland, Md.
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Decomputed	ated Heart Dislace 3 months
434. Z	
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
nine !	Yes 🗀 No 🕞
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., ctc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
4	, 19 that I last saw the deceased
offive on	ADDRESS DATE SIGNED
mories & fully th. to	Valland, Met. 27et51
BURIAL CREMATION DATE THEREOF NAME OF CEMETER OR 12/3/51 Oakland Ce	emetery Oakland, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Herbert C. Keight Oakland. Md.



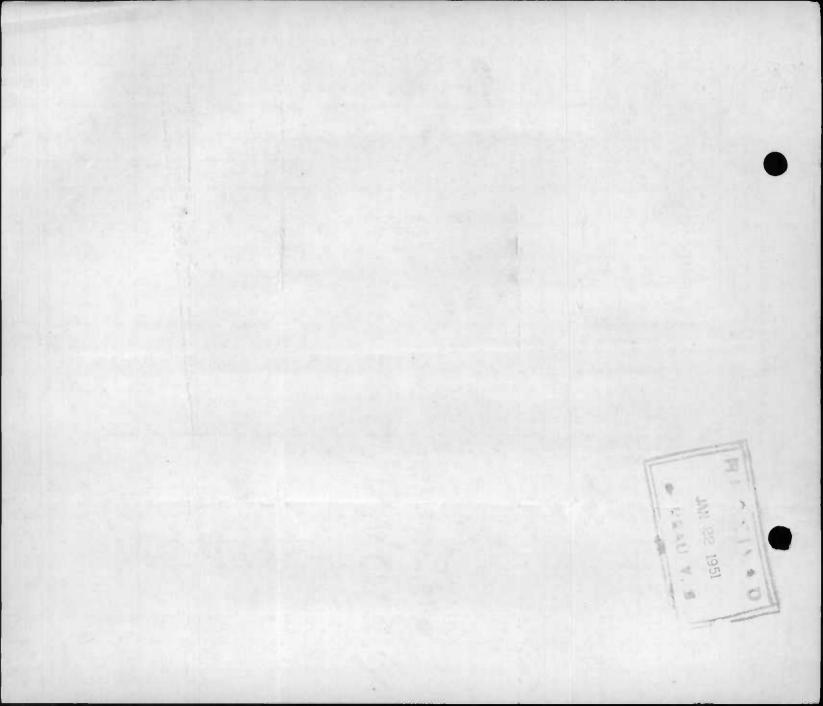
### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

P539

Reg. Dist. No. 166

1. PLACE OF DEA	тн· rrett	MARYLAND	2. USUAL RESIDENCE ( STATE Maryland	HOME) OF DECEASE	COUNTY
	corporate limits, write RUR.			rate limits, write RURA	AL and give nearest town)
HOSPITAL OR	or Oakland Hos		ADDRESS Oak S	(If rural give le	ocation)
3. NAME OF DECEASED (Type or Print)	Kari <sup>(First)</sup>	(Middle) Lel	(Last) hman	OF DEATH I	onth) (Day) (Year) / 10/51 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 4/3/1898	9. AGE last birthday 52 yrs.	If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
Wiednis Edr o	JPATION (Give kind of work f working life, even if retired)	VILLETY Store	Elmira Hig	ht N.Y.	12. CITIZEN OF WHAT
Oscar H			Mary E. Cal	vert	
15. WAS DECRASED	EVER IN U.S. ARMED FORCES  n) (If yes, dive war of dates of larvice)	? 16. SOCIAL SECURITY No.	James L. Le	hman	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
94a Immedi Obsesses of giving rise stating the	ate cause  (a).  (b)  to the above cause and enderlying cause last  (c)	exphered Poster Hypertense	ion Myound	ial Suga	ONSET AND DEATE
Conditions contr related to the dis	FICANT CONDITIONS ibuting to the death but not sease or condition causing deat		lerosie		
19a. DATE OF OI	PERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? Yes No
21. EXTERNAL OPRIMARY □ OR CAUSE OF DEA	CONTRIBUTING   OF	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) ((	COUNTY) (STATE)
TIME (Month OF INJURY	n) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work  at work	HOW DID INJURY O	CCUR?	
obtained by s	aid Autopsy, Inspection of causes accident was accident with a first there in a country of the c	Wildwood (	eased died on the day state undetermined ADDRESS  CRY OR CREMATORY	ed above, and death  LOCATION (City, tow Williams DO	DATE SIGNED  DATE SIGNED  (State)
Lan. 11.1	1951 Julia	11/ouran	odmes r. oca	Therrr on	mber Land, mu



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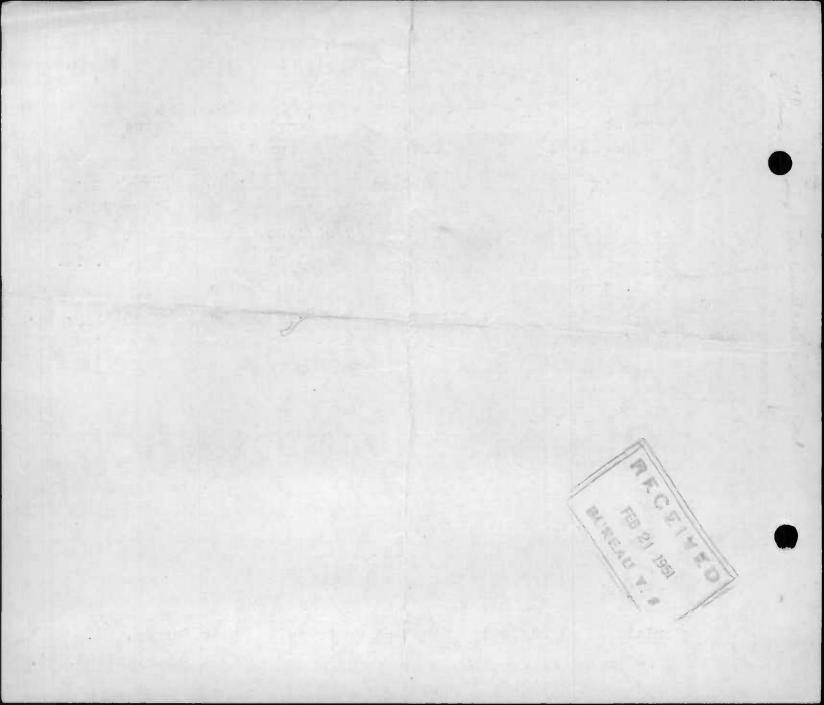


### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. / 6 6

I. PLACE OF DEAT	- <del>1-</del>		2. USUAL RESIDENCE	d Garret	TY
		MARYLAND	STATEMARYlan	d Garret	
OR give neares	corporate limits, write RUR.  It towbakland	AL and LENGTH OF STAY (in this place)	OR Rura	porate limits, write RURAL and Gorman	give nearest town)
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION O	ESS GIN OUTO TO	Hospital at Oakland	ADDRESS 3 Mi		Md.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	David	Reed	Moreland	DEATH Januar	y 29, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   If und	er I year  If under 24 hrs
Male	White	WIDOWEDS DIVOICED, (Specify) S THE 16	7/25/1950	I Manual of States, Alar I	ha Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or loreign country)	12. CITIZEN OF WHAT
done during most of	working me, even in retired)	ANDUSTRI	Maryland		U.S.A.
13. FATHER'S NAM	77.7		14. MOTHER'S MAID	EN NAME	
Roy G.	Moreland		Selma Jo	rdan	
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY No.	17. INFORMANT		
Yearno or unknown	) (If yes, give war or dates of lacrvice)	of	Roy G. More	land Gormani	a. W. Va.
		18. MEDICAL CE			
I DISPASES OF C	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
i. DISEASES OR C	ONDITIONS DIRECTET	1 A DEATH		•	ONSET AND DEATH
Immedia	4	tu Vin ma bus m	PALLANGOC SAM		12 (m)
Immedia	ile cause	0	No.	4 8	
Antecede	ent cause(s)				
/ Diseases or	conditions, If any, (b)			0 4 M000 M00 M00   - 48 00 mm0 0 0 11 (00 mm) 0 M0 4 0 (m 00 1	***************************************
	to the above cause underlying cause last				
	(c)				
II. OTHER SIGNIF	TCANT CONDITIONS	7 . 0 0	1-60	714 4-	
	huting to the death but not	h. Lemmal or	ntertual &	the truction	
19a. DATE OF OPI		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗆
21. EXTERNAL CA	AUSE WAS I PLA	CE (Home, farm, factory, street,	(CITY O	R TOWN) (COUNT	
PRIMARY OR C	CONTRIBUTING D OF INJU	office hldg., etc.) JRY			(81112)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY	OCCUR?	
INJURY	m.	work at work			
22. I certify that	I took chorge of the remo	ins described obove, held an	Autopsy Inspection	Inquiry thereon an	d from the evidence
from: noture	al causes Trespection of	r Inquiry, find that said dece ], suicide [], homicide [],	undstermined	area aoove, and aeath in m	y opinion resuited
SIGNATURE	i chases areauchi	(Degree or title)	ADDRESS		DATE SIGNED
510	/1 - t	3 1	J . 1. 1.	P	1/20 /-/
6.3.	Dann Jar M	er had (	ravand n	W	120 121
23. BURIAL, CREA	MATION   DATE THERE	OF   NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or co	unty) (State)
RBWY1a TP	reify) 1/31/19	51   Moreland	Cemetery	near Gorman.	Md.
DATE REC'D BY	LOCAL REGISTRAR'S		14 FUNERAL DIRECT		ADDRESS
REG. 31-	1951 11111	M. Nowan	Vreskert C	Leighbon Oak	land. Md.
			, , , , , , , , , , , , , , , , , , , ,		



VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

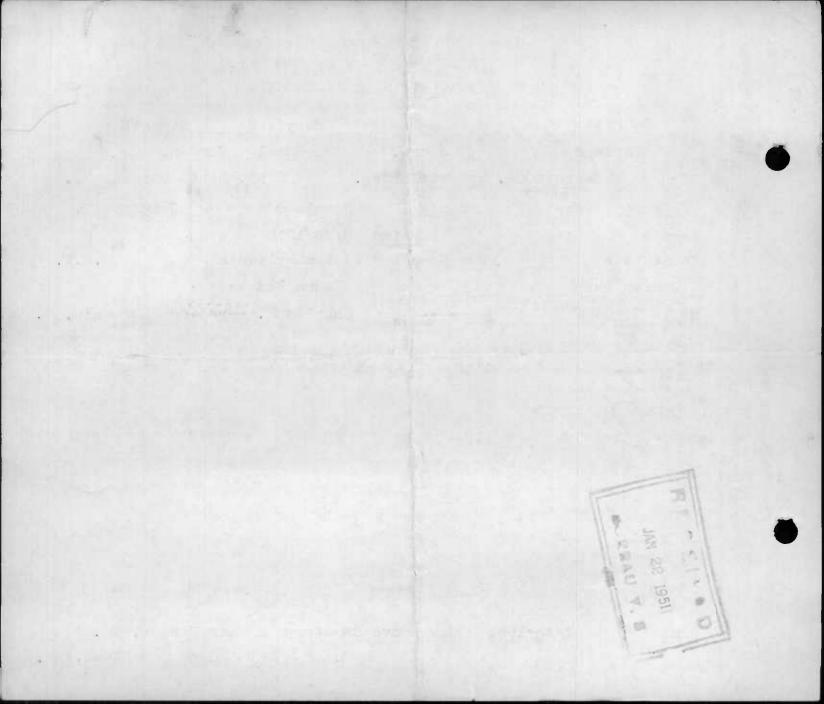
### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0541

Reg. Dist. No. / 6 6

/					
1. PLACE OF DEAT	H·		2. USUAL RESIDENCE (I	HOME) OF DECEASED	OINTY
		MARYLAND	STATE	Garret	t_
CITY (If outside of OR give peares)	orporate limits, write RUR	AL end LENGTH OF STAY  Sin His Splace)	OR TOWN Rural	Gorman,	and give nearest town)
HOSPITAL OR			STREET	(If rural, give local	tion)
INSTITUTION OF STREET ADDRE	SS Garrett Co.	Memorial Hosp	ADDRESS 2 Mi.		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mont	b) (Day) (Year)
DECEASED (Type or Print)	Pearl	Rush	Moreland	OF DEATH Janua	ry 10. 195]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTION	8. DATE OF BIRTH 8/26/1915	9. AGE last birthday   II	under 1 year   If under 24 hrs. fonths   Days   Hours   Min.
Female	White		19/59/1919		
House W11	ATION (Give kind of work working life, even if retired)	OWN HOME	Pennsylvan	ia	U.S. A.
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN	NAME	
Judson	Rush		Laura Nedro	W	
15 Was Descens F	UPP IN II V Ansen Foren	?   16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown)	(If yes, give war or dates service)	l	Charles E. M	oreland Go	rmania, W. Va
		18. MEDICAL CE	RTIFICATION		1.
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		`	INTERVAL BETWEEN ONSET AND DEATE
		h0.	4) 10	)-1 - has	4
Immediat	e cause (e)	dioma xer	1 tround	Loke mi	4 BIND
1934	ic cause		0		
	nt cause(s)				
	conditinns, if any, (b)				
	underlying cause last				
	(e)				CITY IN COLUMN
Conditions contrib	ICANT CONDITIONS uting to the death but not				
	ase or condition causing deat	INDINGS OF OPERATION			20. AUTOPSY?
IJA. DAIL OF OLD	MATION 136. MAJOR	ANDINGS OF OFERATION	540		
			The state of the s		Yes No 🗆
21. EXTERNAL CA PRIMARY OR CO CAUSE OF DEAT	ONTRIBUTING OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown) (co	UNTY) (STATE)
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CUR?	
INJURY	m.	work at work	1		
22. I certify that	I took charge of the remo	ins described above, held an a	Autonsy Inspection [	- Inquiry Thereon	and from the evidence
obtained by say	id Autonsy, Inspection o	r Inquiry, find that said dece	posed died on the day state	ed above, and death in	n my opinion resulted
		, suicide , homicide .			
SIGNATURE	1	(Degree or title)	ADDRESS	- 1	PATE SIGNED
15 8	1 Janny	as her to d	Valland	met	1 11/51
23. BURIAL, CREM	IATION   DATE THERE	PF   NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
BREMPAT (Spec	city) 1/13/195	1 Qak Grove	Cemetery h	ear Gorman,	Md.
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	DR / 1/1	ADDRESS
REG. / 3/	M Jolain	Musan	Nerliest	Loses telano 0a	kland, Md.
1000 101	V YUNUN C	7	1	PANNO 4	



MARYLAND STATE DEPARTMENT OF HEALTH

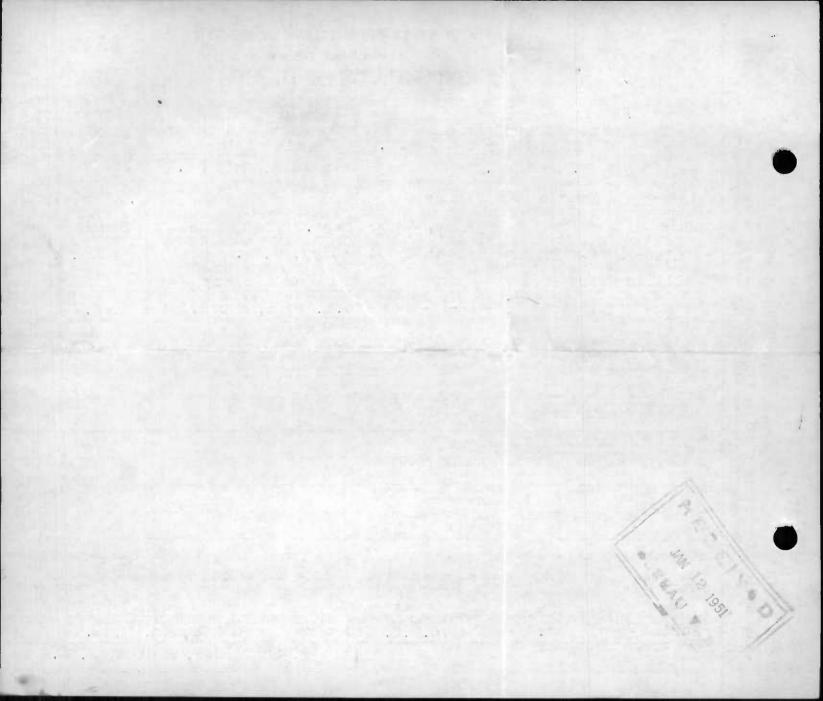
2411 N. Charles Street, Baltimore

### OPPOPIEIOATE OF DEATH

1543

The correct age Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PEEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

CERTIFIC	Reg. Dist. No	A
I. PLACE OF DEATH. COUNTY Garrett MARYLANI	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT GE	arrett
CITY (If outside corporate limits, write RURAL and OR givo nearest town) Kitzmiller (iggs)	STAY CITY (If outside corporate limits, write RIJRAL, and give r	nearest town)
HOSPITAL OR INSTITUTION OR E. Main St.	STREET ADDRESS E. Main Stural, give location)	
3. NAME OF DECEASED (Type or Print) George Janney	Pool 4. DATE OF Jan.	6, 195(ar)
Male   6. COLOR OR RACE   7. SINGLE, MARRIE   WIDOWED DIVID (Specify) MAITI	ed Sept. 21, 1870 80 yr. Mynths 13	ear If under 24 hrs. Hours   Min.
done during most of Rechaline on a line work and line of Busine done during most of Rechaline on line of line	nes Medley, W.Va.	CITIZEN OF WHAT
William Henry Pool	Elizabeth Janney	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security (Yes, no, or unknown) (If yes, give war or dates of 212-12-806	No.   17. INFORMANT AND ADDRESS   C.H. Pool, Moorefield, W.Va.	
18. MEDI	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L. J.	NTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	J thrombona &	Rulen annel
Hao / Antecedent cause(s) Diseases or conditions, if any, (b)	Hunt Denem	12/2
9 of a giving rise to the above cause stating the underlying cause last (c)		14.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	PION 2	20. AUTOPSY?
AND A CONDENSE (No. 1/2)		Yes No 🛚
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bidg., etc.) HOMICIDE INJURY	, street, (CITY OR TOWN) (COUNTY)	
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	Yes No M
SUICIDE HOMICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from alive on 195, and that death occurre SIGNATURE (Degree or title)	HOW DID INJURY OCCUR?  19.47., to Jan 5, 19.5, that I last saw ed at 3.00 H.m., from the causes and on the date state ADDRESS  Kil mully Md low	Yes No Market No
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from alive on 19.5, and that death occurre SIGNATURE (Degree or title)  23. BURIAL_CREMATION   DATE THEREOF   NAME OF CI	HOW DID INJURY OCCUR?  19.49., to, 19.5, that I iast saw and at 3.00.17, from the causes and on the date state ADDRESS	Yes No Market No



VS. A15

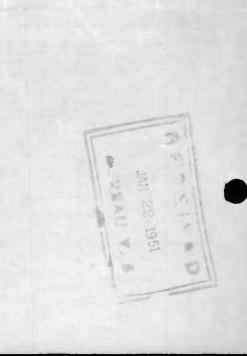
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1543 Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY GARRE	tt	MARYLAND	2. USUAL RESIDENCE (I	Garre	OLD TY
CITY (If outside c	orporate limits, write RUR townDeer Park	AL and LENGTH OF STAY	OR Rural	nte limits, write RURAL Deer Park	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS 3 Mi.	(If rural, give local East Beer	Park, Md.
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print)	Sarah	Elizabeth	Schmidt	OF DEATH Janua	ry 8, 1951 <sub>19</sub>
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)(a.I.I.LEQ	3/16/1870	80 yrs.	f under 1 year If under 24 hrs.  Months Days Hours Min.
done daring most of w	ATION (Give kind of work retired)	10b. Kind of Business or Loustry Home	Maryland	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM Willia	m Upole		14. MOTHER'S MAIDEN Elizabeth Ta		
15. WAS DECKASED E	VER IN U.S. ARMED FORCES	? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no or unknown)	(If yes, give war or dates (service)	of	Henry A. Sch		ton, Md.
		18. MEDICAL CE	RTIFICATION		
T DISEASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
i. Diseases on oc	DADITIONS DIRECTER	De to DEATH	//		ORBIT AND DEATH
Immediat	e cause (a)	Ucule My	tradeles	of47~-:-*:*400.00~0000E Itaa.0001-ptE >E;-0;-++	Blogs
	nt cause(s) conditions, if any, (b)	Corrung 1/4	east Disea	i	12/1
Gil a giving rise to	o the above cause inderlying cause last (c)	Hymethin			540
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					V D O
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR 7	rown) (co	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	ify that I attended th	e deceased from	, 1945, to Jan S	, 195/, that I	last saw the deceased
alive on	an 1, 195/, an	d that death occurred at (Degree or title)	:27 A · m., from the	causes and on the	late stated above.
Kalp	h Caland	rella M.D	Kitymiller,	md )	law. 10-51
BULLAL CREM	$\frac{1}{10/51}$	Deer Park	4 // .	Deer Park.	or county) (State)
DATE REC'D BY	LOCAL   (REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTS		ADDRESS
REG 10/3	7 Julia	f Nousan	Werlest C. o.	eighton Oa	kland, Md.
1	(/		, ,	//	





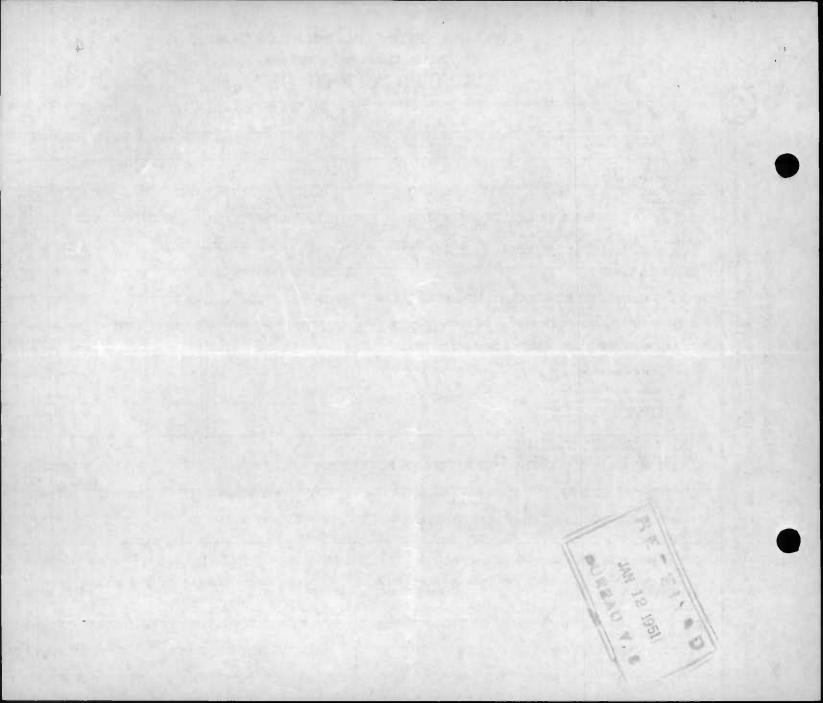
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

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Rog	Dist.	Na	- /		6	6	
Trees.	Digit.	TAC	vend.				

1.544

I. PLACE OF DEATH.		
	2. USUAL RESIDENCE (HOME) OF DECEASED.	
county Garrett Crellin MARYLAND	STATE Maryland Gariceunt	<b>Y</b>
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) (in this place)	TOWN Crellin, Md Rural	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(5)
DECEASED	OF 7	(Day) (Year)
	liger. DEATH 1	8, Tales
6. SEX Male White T. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months 10/28/1950 yrs.	Day Hours Min.
10a. USUAL OCCUPATION (Givo kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	Crellin Maryland	U.D.A.
Wilber Sliger.		
	Rebecca Paugh.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Wilber Sliger, Crellin	1. Rural
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) 7776   Nota . to a		10 days
752 x Antecedent cause(s) Diseases or conditions, if any, (b) //s december 1		1 Marsh.
Diseases or conditions, if any, giving rise to the above cause	000 000 000 000 000 000 000 000 000 00	
stating the underlying cause last		of so days.
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		
		20. AUTOPSY?
		20. AUTOPSY?
21 ACCIDENT (Specify)   PLACE (Home farm factory street	: (CITY OF TOWN) (COUNTY)	Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes   No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		Yes   No
SUICIDE   OF office bldg., etc.) HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF office bldg., etc.)   INJURY OCCURRED   While at   Not While	HOW DID INJURY OCCUR?	Yes No (STATE)
SUICIDE HOMICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work   22. I hereby certify that I attended the deceased from 10-2.	HOW DID INJURY OCCUR?  1950, to 12-25, 1957, that I last se	Yes No (STATE)
SUICIDE   OF office bldg., etc.) HOMICIDE   INJURY OCCURRED   OF INJURY   INJURY OCCURRED   While at   Not While   INJURY   Mork   At work    22. I hereby certify that I attended the deceased from   O - 2    alive on   2 - 2 - 19   More   and that death occurred at	HOW DID INJURY OCCUR?  1950, to 12-25, 1957, that I last se	Yes No No (STATE)  aw the deceased ated above.
SUICIDE HOMICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work   22. I hereby certify that I attended the deceased from 10-2.	HOW DID INJURY OCCUR?  9, 1950, to 12-25, 1950, that I last so 8 2. m., from the causes and on the date sta	Yes No (STATE)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work  SIGNATURE: (Degree or title)	HOW DID INJURY OCCUR?  1950, to 12-25, 1950, that I last so ADDRESS  OAKLAND, Lad 1-	Yes No (STATE)  aw the deceased ated above. DATE SIGNED
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work  SIGNATURE: (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR?  1950, to 12-25, 1950, that I last so ADDRESS  OAKLAND LOCATION (City, town, or count Near Crellin)	aw the deceased ated above.  DATE SIGNED  (State)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work   SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR?  1950, to 12-25, 1950, that I last so ADDRESS  OAKLAND LOCATION (City, town, or count	aw the deceased ated above.  DATE SIGNED  (State)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work  SIGNATURE: (Degree or title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  1 / 10 / 10 51 . A Shiby Cemeter.	HOW DID INJURY OCCUR?  1950, to 12-25, 1950, that I last so ADDRESS  OAKLAND LOCATION (City, town, or count Near Crellin)	Yes No (STATE)  aw the deceased ated above. DATE SIGNED  y) (State)



The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. / 6

1. PLACE OF DEATH- COUNTY Garrett Oakland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARKET DITTE	Maryland Carrett	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town)	OR TOWN ()akland, Md Rural STREET ADDRESS (If rural, give location)	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR	ADDRESS	
STREET ADDRESS	U	
3. NAME OF (First) (Middle) DECEASED Tolor	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) John H.	Spiker   OF DEATH 1/30/1	951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday   If under 1;	301 19
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVINGED, (Specify) TINGLE	7/5/1075 Months 1	Days Hours   Min.
MALE   WILLUS   (Specify) DINGLE	1/3/10/3 (0 Vrs. )	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY kind of	work. Garrett County	DUNTRY
13. FATHER'S NAME	WORK. Garrett County,	U.D.A.
Thomas Spiker	Fligsboth Lowis	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give war or dates of	Claire AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of None	Clinton R. Bowman, Oakland	d, Md.
18. MEDICAL CI	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
- BURICALA TORILLA	lation & Condine deilore	3-7
470.0 Immediate cause (a) // Immediate cause	***************************************	
Antecedent cause(s) Diseases or conditions, if any, (b) Seleration	Jane II II and	
Diseases or conditions, if any, (b) CILKOTIC	THAT WISELS	AK2.
giving rise to the above cause stating the underlying cause last		P. C.
36 4/11		
(c)	- I	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		1
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.)	(OUNTI)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not Whife	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	1950 to 12-6 190 that I just say	the deceased
alive on 18, 1950, and that death occurred at SIGNATUR: (Degree of title)	m., from the causes and on the date stat	ed above.
SIGNATUR (Degree or title)	ADDRESS	DATE SIGNED
James 12. Desste, Jr. m.	n 58 241 st OAKLAND, und	1-31-51
23. BURIAU, CREMATION   DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county)	(State)
REMOVAL Specify Q 2/1/1951 Bray Ce		
DATE REC'D BY LOCAL I NEGISTRAD'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 5		
2-1-3/ Julian W. Jordan	Turby D. Bolden Oaklas	na, ma.
	1990 Hil	3

